

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County

State

District or Township

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

14.

MOTHER

Full maiden name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

16. Color or race

17. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

(taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Filed

8/9, 1930

Registrar

Registrar

675-704-395

more than one child at a birth, a supplemental report should be filed.